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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	0901/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/976,475	Technology Center 2600
			Filing Date	October 12, 2001	
			First Named Inventor	Jeffrey C. Hawkins	
			Group Art Unit Number	2683	
			Examiner Name	William George Trost IV	
Total Number of Pages in This Submission			7*	Attorney Docket Number	
				21495-05940	

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<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
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REMARKS: *Page count does not include cited references.

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Amir H. Raubvogel, Reg. No.: 37,070	Dated:	SEP 20/04

CERTIFICATE OF MAILING			
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Express Mail Mailing Number (optional):			

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<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p>Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		Complete if Known		
		Application Number	09/976,475	
		Filing Date	October 12, 2001	
		First Named Inventor	Jeffrey C. Hawkins	
		Examiner Name	William George Frost IV	
TOTAL AMOUNT OF PAYMENT (\$)		180.00	Art Unit	2683
			Attorney Docket No.	21495-05940

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Technology Center 2000

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 19-2555 Deposit Account Name: Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)																																																																																																																																																																	
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*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Amir H. Raubvogel	Registration No. (Attorney/Agent)	37,070
Signature		Date	SEP 20/04
		Telephone (650) 335-7276	